



# Texas Department of Health

## EMS Course Completion Roster

Program Name:		Course Location (City):
Course Number:	N. R. Code No:	Course Level:

### ALPHABETICAL LISTING OF CANDIDATES

NAME: Last, First, M. I.	Social Security No.	NAME: Last, First, M. I.	Social Security No.
1.		11.	
2.		12.	
3.		13.	
4.		14.	
5.		15.	
6.		16.	
7.		17.	
8.		18.	
9.		19.	
10.		20.	

In compliance with the rules adopted under state law by the Texas Department of Health, I certify that the students listed above have successfully completed all requirements of the EMS training program approved by the Texas Department of Health and are eligible for the certification examination. I further verify that the proficiency of each candidate has been examined and verified as competent in the application of all required skills.

I understand that by signing this document I am attesting that all of the information on this document is true and correct. I also understand that the Texas Department of Health will take action against my EMS certification(s) if the information submitted is found to have been falsified.

\_\_\_\_\_  
EMS Coordinator Signature

\_\_\_\_\_  
Program Medical Director Signature

EMS ID. Number \_\_\_\_\_

\_\_\_\_\_  
Program Telephone No.

Texas Lic. Number \_\_\_\_\_

\_\_\_\_\_  
Course Completion Date

\_\_\_\_\_  
Number of Students Listed